APPLICATION DATA SHEET FORM

Inventor Information

Inventor One Given Name:: Gerald B.

Family Name:: Pier

Postal Address Line One:: 21 Thorndike Street

City:: Brookline

State or Province:: Massachusetts
Country:: United States

Postal or Zip Code::

City of Residence::

State or Province of Residence::

Country of Residence::

United States

Country of Residence:: United Postal or Zip Code:: 02446

Citizenship Country:: United States of America

Inventor Two Given Name:: Kimberly Family Name:: Jefferson

Postal Address Line One:: 58 Country Club Road

City:: Dedham

State or Province:: Massachusetts
Country:: United States

Postal or Zip Code:: 02026 City of Residence:: Dedham

State or Province of Residence::

Country of Residence::

United States

Postal or Zip Code:: 02026

Citizenship Country:: United States of America

Correspondence Information

Name Line One:: Maria A. Trevisan

Name Line Two:: Wolf, Greenfield & Sacks, P.C.

Boston

Address Line One: 600 Atlantic Avenue

City::

State or Province:: MA
Country:: U.S.A.
Postal or Zip Code:: 02210

Telephone One:: (617) 720-3500
Telephone Two:: (617) 573-7866
Fax Number: (617) 720-2441

Electronic Mail:: mtrevisan@wolfgreenfield.com

749452.1

Application Data Sheet Form

Application Information

Title Line One::

METHODS AND PRODUCTS FOR

Title Line Two::

TREATING STAPHYLOCOCCAL INFECTIONS

Total Drawing Sheets::

8 (Figs. 1-12)

Formal Drawings?::

No

Claims::

133

Application Type:: Docket Number::

Non-Provisional B0801.70256US01

Licensed US Govt. Agency::

United States National Institutes of Health

Contract or Grant Numbers One::

Al46706, 5T32Al07410, F32Al51892 and Al09626

Contract or Grant Numbers Two::

AI46707

Secrecy Order in Patent Appl.?::

Representative Information

Representative Customer Number::

23628

Continuity Information

This application is a::

Provisional

Filing Date::

November 12, 2002

Patent Number::

60/425,569

Prior Foreign Applications

Foreign Application One::

Filing Date:: Country::

Priority Claimed::

Assignee Information:

Assignee name::

The Brigham and Women's Hospital, Inc.

Street of mailing address::

75 Francis Street

City of mailing address::

Boston

State or Province of mailing address::

MA

Postal or Zip Code of mailing address:: 02115

Application Data Sheet Form

NOTE: If there is more than one assignee, this information should be repeated for each one.

NOTE: Assignment information provided an ADS will not be officially recorded for this application. Assignment Information is considered recorded when submitted as provided in Title 37, Section 3. Assignment information submitted on an ADS only results in the assignment information being included on the patent application publication.